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ABSTRACT

People who decide or are forced to relocate often undergo a lengthy waiting period before they can move. This waiting period may be a highly stressful time for individuals anticipating relocation. This study explored relocating older adults' (N=63) coping strategies and the impact of these strategies on health, cognitive functioning, and well being. Older adults awaiting relocation to subsidized, age-segregated apartments were interviewed prior to relocation; 54 respondents were interviewed again 9 to 12 months later when approximately one-half of the subjects had moved. Interviews focused on the effects and meaning of the anticipatory period on health, functioning, morale, attitudes, and daily activities. The results support the hypothesis that respondents who appraised relocation as stressful would use different coping strategies than respondents who perceived the experience to be non-stressful. The former subgroup was more likely to use emotion-focused techniques. Among subjects who were still anticipating relocation at the time of the second interview, emotion-focused techniques were used more often than were problem-focused techniques. Relocated and non-relocated subjects did not differ in terms of their use of emotion-focused techniques. Most respondents used multiple techniques to cope with relocation. No one technique was found to be superior to others, or to facilitate higher morale or psychological well-being, although the use of problem-focused strategies was predictive of health and adjustment among the relocated respondents. Subjects appeared to employ complex coping strategies with a high rate of success. (NB)

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# COPING WITH RELOCATION: THE IMPACT OF COPING STRATEGIES ON HEALTH AND ADJUSTMENT UPON RESIDENTIAL CHANGE

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I

Over the past 30 years, a great deal of research has examined the effects of relocation on the physical and psychosocial well-being of the elderly. In examining these studies, it is first essential to distinguish between residential relocation and institutionalization or institutional transfer. In cases of relocation to more restrictive institutional environments, moving generally has been associated with deleterious consequences. High mortality rates among recently institutionalized older people have been documented frequently; in fact, it was as a result of a number of mortality studies that the terms "transfer trauma" and "relocation stress" were coined. (See Coffman, 1981, and Kasl and Rosenfield, 1980, for two of the most comprehensive and critical reviews of this literature.) In instances of residential relocation, on the other hand, the findings have tended to contrast sharply with those relating to institutionalization. In general, residential relocation has been associated with significant improvements in activity level, life satisfaction, social activity and environmental satisfaction (Carp, 1974; 1977; Lawton and Cohen, 1974). Moreover, increases in mortality and morbidity as a function of this type of relocation have been observed rarely, if at all.

Yet, despite the extensive literature on the effects of relocation and institutionalization for the aged, most investigators have examined mortality and morbidity following relocation. (See Bourestom and Tars, 1974; Gutman and Herbert,

1976; Lieberman and Tobin, 1983; and Zweig and Csank, 1976, for several notable exceptions.) Relatively few studies have focused specifically on the pre-relocation (anticipatory) period, or have used this period as a baseline with which to compare subsequent post-relocation effects. Moreover, of the studies that have collected data during the pre-relocation period, most have been concerned with institutionalization rather than residential relocation, and they have examined mortality rates only. The more subtle health, social and psychological changes which may have occurred during this period have been ignored. The need for studies of relocation that encompass the anticipatory period as fully as the follow-up period has been noted by a number of researchers (Kasl and Rosenfield, 1980).

The period prior to relocation cannot be considered stagnant. After a person decides or is forced to relocate, chooses or is informed of his or her relocation housing and applies for admission, he or she must then undergo a usually lengthy waiting period before space in the facility becomes available. This waiting period may be highly stressful, however, and may be a time during which the individual experiences anxiety due to a number of factors.

It is only relatively recently that researchers have begun to explore these questions from a more phenomenological perspective, that is, by examining the meaning of the environment and "home" in particular for and according to older people themselves. Researchers such as Rowles (1978), Golant (1984) and

Rubinstein (1985) have discussed the importance of "home" as a means to maximize older people's sense of personal control, their independence, familiarity and links with the past, and their ability to have and use cues for information processing. Unfortunately, few researchers have examined the meaning of home fof older people who are in the process of relocation or of undergoing environmental change. We also do not know what it means to older people to be anticipating relocation, and therefore to be anticipating leaving their present, familiar home.

Is the period prior to relocation one of higher self-reported stress relative to other periods in old age, including the post-relocation period? How do older people perceive the waiting period? What types of coping strategies do they employ during this time? To what extent do these techniques affect health and adjustment? Do some coping strategies have a greater impact than others on functioning and well-being upon relocation? Clearly, these issues are of both theoretical and practical importance. These are issues that also motivated the present prospective study. More specifically, the present study was, in part, prompted in order to explore the notion that the perception or appraisal of the relocation process as being stressful will be a predictor of health and psychological functioning over time, and that individuals who perceived the experience to be stressful would use different types of coping strategies to deal with the situation than would those who did not. This paper will focus on

the second part of this hypothesis, that is, respondents' coping strategies, and on the impact of these techniques on health, cognitive functioning and well-being.

## Method

This was a longitudinal study of older people who had applied for an apartment to the Metropolitan Toronto Housing Company (M.T.H.C.). All respondents were initially interviewed prior to relocation; a second interview was conducted nine to twelve months later, at which time approximately half of the sample had relocated. Interviews focused on the effects and meaning of the anticipatory period on health, functioning, morale, attitudes and daily activities.

Sixty-three older Torontonians awaiting relocation to subsidized, age-segregated apartments were interviewed twice over a year period. All participants at one point had made an application to the Metropolitan Toronto Housing Company (MTHC) for an apartment. Of the 63 respondents, 48 (76%) were women; respondents' mean age was 71.4. Participants were diverse in terms of their ethnic background: 45% were not born in Canada; five of the 63 were non-Caucasian. There was also a wide range of (former) occupations, and a considerable degree of variability in terms of (pre-retirement) socioeconomic status. Upon retirement, however, nearly all respondents were living on a fixed income.

Finally, there was a great deal of variability in terms of the length of time that respondents had been on the waiting list for a MTHC apartment. The mean length of time that participants had been waiting for an apartment was 23 months; however, this varied from one month to five years. There was also variability in terms of the degree to which respondents were still actively seeking one of these apartments. This was determined by asking respondents whether they in fact wanted to move, and whether they had initiated any forms of behaviour to assess or improve their status on the waiting list. While most participants were still hoping and planning to move, or saw it as an ultimate necessity, some had put in these applications long ago and had since either made other plans, or had lost hope that an apartment would become available in the near future.

Participants were first contacted and then interviewed in their homes in 1985. The interview schedule included the Philadelphia Geriatric Center Multi-level Assessment Instrument (mid-length), a reliable, comprehensive questionnaire which provides indices of health (both self-rated and objective), level of cognitive and ADL functioning, mobility, time use, psychological well-being, social activity level and environmental satisfaction (Lawton et al, 1982). The PGC Multi-level Assessment Instrument was selected primarily because of its established reliability, validity and comprehensiveness.

Participants also received an open-ended questionnaire which assessed their attitudes toward their present home and toward

relocation, i.e. its advantages and disadvantages, their estimations of when they would receive notice of the availability of an apartment, and the importance of knowing when they would receive notice.

In 1986, approximately one year later, attempts were made to recontact all participants; fifty-four of the 63 Toronto respondents were reinterviewed. Approximately one half of the respondents had moved by time 2. All participants again received the PGC MAI and the questionnaire that assessed their attitudes toward relocation. In addition, participants also responded to a second open-ended questionnaire which explored the degree of choice in the move and the meaning and importance of their home. This questionnaire (the "Meaning of Home" questionnaire) concluded with items assessing respondents' cognitive appraisal of the relocation experience--that is, whether any facet of the moving process (including the anticipation of moving) was perceived to be stressful, and finally, what types of coping strategies were employed to help deal with either this situation or stressful events in general. The design of this study thus allowed for both longitudinal and between-group comparisons, and provided the opportunity to assess coping and adjustment to actual relocation as well as to the continued anticipation of relocation.

## Results

It should be apparent that a study of this kind would generate a massive amount of both quantitative and qualitative data. Before turning to the findings relating to coping processes, I would like to discuss the longitudinal change data very briefly.

There was remarkably little change on any PGC MAI variables from time 1 to time 2 among the total group of Toronto respondents. This was demonstrated by the extremely small "change" scores, which were calculated by computing the difference between each respondent's time 1 and time 2 score on any given PGC MAI measure. This finding--that is, the absence of significant, longitudinal changes in health, cognitive functioning and psychosocial well-being over this period--is, in itself, striking. These results suggest that residential change, or the anticipation of residential change, need not result in decrements in health or well-being for older people.

Examining the Toronto sample as a whole may be misleading, however, because this conceals some interesting differences between the respondents who moved by time 2 and those who did not. In fact, separate analyses of the data from these two groups revealed that, compared to the waiting list group, the relocated group increased their scores on a number of variables: on the measures of morale, overall psychological adjustment, overall social interaction, mobility, and both housing and neighbourhood satisfaction. In addition, among the relocated

respondents, comparisons between the mean time 1 and time 2 scores revealed significant longitudinal changes (increases) in housing, neighbourhood and environmental satisfaction. That is, the relocated respondents reported a greater degree of environmental satisfactiuon at time 2. The waiting list group, by contrast, showed either no change over time or slight (non-significant) declines on these psychosocial variables.

However, while no significant longitudinal changes or decreases were obtained on any of the PGC MAI variables for the waiting list group, the pattern of data was interesting and revealing nonetheless. Non-significant declines were demonstrated on 11 of the 13 PGC MAI variables, while increases were obtained on only two variables; by contrast, in the relocated group, positive change was obtained on 12 variables while negative change emerged on one variable ($\chi^2(1) = 12.53$, $p. < .01$). The significant difference in the pattern of results for the two groups provides some support for the notion that the anticipatory period in the relocation process may be associated with slight detlines in functioning and well-being. On the whole, however, longitudinal declines among the non-relocated group certainly were not marked.

## Coping and appraisal processes

Turning to the appraisal and coping data from the "Meaning of Home" questionnaire, we found interesting group differences as a function of relocation status, in terms of respondents'

appraisal of the stressfulness of relocation. Sixty percent of the relocated group, in comparison with 28% of the non-relocated group perceived some facet of the relocation process to have been stressful. In addition, we found that the appraisal of the relocation process as not stressful was associated with high morale and psychological well-being. In fact, among these respondents overall, appraising the relocation process as challenging or not stressful was the single best predictor of psychological adjustment over a year period.

After asking respondents whether they considered any facet of the relocation process to be stressful, the final question of the "Meaning of Home" questionnaire explored respondents' coping strategies: respondents were asked what they usually did or thought about to help them get through this period or difficult periods in general. Respondents were asked to answer with the present situation in mind; however, it was impossible to know whether they did this, and, in cases in which they said that the relocation process was not stressful, it is assumed that responses reflected more general coping strategies.

The present data were coded using Folkman and Lazarus' (1980) Ways of Coping Checklist. Using this framework, each response was coded as being either problem-focused or emotion-focused. Responses were further matched with the 68 items within these two categories, as often as it was possible and logical to do so. All of the items that received three or more endorsements are presented in Table 1. As can be seen, overall, emotion-

focused strategies (to use Folkman and Lazarus' terminology), or those that highlighted distraction, denial or engaging in other activities, were reported most often by both the relocated and the waiting list respondents. However, one third of the respondents used problem-focused strategies which involved active planning, or soliciting and implementing the aid of others. Accepting the situation and dealing with it philosophically also were reported frequently. Table 2 shows the proportion of respondents who reported emotion-focused, problem-focused or both types of coping strategies during the relocation process. Note that approximately half of the respondents reported using multiple coping techniques to deal with the relocation process.

To determine whether respondents who appraised relocation to be stressful used different types of coping strategies (i.e. emotion-focused techniques) than did the respondents who appraised the experience to be non-stressful, Chi-squared Tests of Independence were performed. As predicted, these analyses revealed that the "stressed" and "non-stressed" respondents used different types of coping techniques during the relocation process. Significantly more of the "stressed" respondents used emotion-focused techniques than did the "non-stressed" respondents ($\chi^2(1) = 6.11$, $p. < .02$). Moreover, respondents who perceived the moving process to be threatening had a significantly greater tendency to use emotion-focused coping strategies than to use problem-focused strategies, or than did the respondents who viewed relocation as a challenge ($\chi^2(1) =$

10.97, $p. < .01$). There was no significant difference in the frequency with which the "stressed" and the "non-stressed" respondents used problem-focused techniques or both types of strategies.

Coping strategies did not differ as a function of relocation status, that is, whether respondents had moved by time 2. Fifty percent of both the relocated and the waiting list group reported using only emotion-focused techniques, and while 28% of the relocated group, in comparison with 14% of the non-relocated group used both emotion-focused and problem-focused strategies, this group difference was not statistically significant.

In order to examine the relationship between coping processes and selected psychosocial variables, stepwise multiple regression analyses were performed. These revealed that the use of problem-focused coping strategies was a significant predictor of a number of health, cognitive and adjustment measures. For the relocated respondents, the use of these strategies was a strong predictor of physical health, morale and psychological well-being, and was the best predictor of overall cognitive functioning at time 2. Moreover, for respondents overall, the use of problem-focused coping strategies was the only significant predictor of increases in physical health over time. That coping variables would have such a dramatic impact on health and psychological functioning was a striking result. These findings are highly consistent with a recent study by Kahana et al (1985) on the relationship between coping strategies and post-

institutional outcomes.

There was no relationship between the category of coping strategy employed (problem-focused or emotion-focused) and superior psychological adjustment. In other words, the respondents who reported employing problem-focused techniques did not have higher (or lower) morale scores than did the other participants.

## Discussion

Overall, the coping data supported our hypothesis that respondents who appraised relocation as stressful or threatening would use different types of coping strategies to deal with the experience than would the respondents who perceived the experience to be non-stressful. Specifically, the former subgroup was more likely to use emotion-focused techniques.

These findings relate well with results obtained by Folkman and Lazarus (1980), who found that threatening situations which are beyond an individual's control, and in which few possibilities for change exist, tend to be associated with emotion-focused coping strategies. Under these conditions, individuals try to change their perceptions of and attitudes toward the situation, rather than attempting to change themselves or the situation itself. In the present case, many respondents stated that they viewed the relocation process as a stressful, threatening event, one which may not have been ameliorated by direct action. Moreover, the data revealed that respondents who

perceived the moving process as a threat had a greater tendency to use emotion-focused coping stratgies (than problem-focused strategies, or than the respondents who viewed relocation as a challenge). Thus, the results of the present study are entirely consistent with Folkman and Lazarus' framework.

Lazarus and Folkman (1984) also have argued that the anticipation of potentially stressful events will be associated with emotion-focused coping techniques such as psychological distancing, avoiding thoughts about the threat and denying its implications. This notion received only partial support from the data in the present study. Among the Toronto respondents who were still anticipating relocation, emotion-focused techniques were employed more often than problem-focused strategies; however, the relocated and non-relocated respondents did not differ in terms of their use of emotion-focused techniques.

Examining the coping data overall, a few very general points will be offered in closing. First, regardless of the categorization scheme used to classify responses, most respondents used multiple strategies to cope with relocation. This finding has been obtained by many other researchers in this area (see Folkman and Lazarus, 1980; McCrae, 1982; and Peacock et al, 1986). Second, among the Toronto respondents overall, no one coping strategy was superior to other others, or facilitated higher morale or psychological well-being, although the use of problem-focused strategies was predictive of health and adjustment among the relocated respondents. Third, there were no

differences between the relocated and the non-relocated respondents in terms of coping strategies reported. Moreover, for both groups an "existential" type of strategy (changing what could be changed about the situation, and then trying to accept it) seemed to be employed quite frequently. This may be due to the nature of the stressor in the present study. Finally, this group of older people employed complex coping strategies with a high rate of success. Relocation may have been deemed to be a stressful experience, but, those who relocated were able to tranform their new living space into an area which they could call home. Moreover, their use of these coping techniques was a key determinant of good health, psychological well-being and cognitive functioning during this period of residential change.

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Table 1 : Respondents' coping stratgies coded according to the "Ways of Coping Chacklist" (Folkman and Lazarus, 1980)

| Coping Response | % of Total Responses |
|---|---|
| 1. Didn't let it get to you; refused to think about it (Emotion-focused) | 24 |
| 2. Turned to work or substitute activities to take your mind off things (emotion-focuswed) | 17 |
| 3. Asked someone you respect for advice and followed it (problem-focused) | 11 |
| 4. Looked for the silver lining so to speak; tried to look on the bright side of things (emotion-focused) | 07 |
| 5. Made plan of action and followed it (problem-focused) | 06 |
| 6. Accepted it, since nothing could be done (emotion-focused) | 06 |
| 7. Just concentrated on what you had to do next--the next step (problem-focused) | 04 |
| 8. Did something totally new that you never would have done if this hadn't happened (problem-focused) | 04 |

Note: Responses which were reported fewer than three times are not listed.

Table 1 : Respondents' use of problem-focused and emotion-focused coping strategies during the relocation process

| Category of coping strategy | Total S's # | % |
|---|---|---|
| Problem-focused only | 6 | 13 |
| Emotion-focused only | 23 | 50 |
| Both problem-focused and emotion-focused | 9 | 20 |
| N/A (because relocation was "not stressful") | 8 | 17 |
| Used multiple strategies* | 23 | 50 |

* This response differed from "both problem-focused and emotion-focused" in that subjects who reported using two emotion-focused strategies were coded in this group, but would not have been in the "both" category.